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PHYSICIANS should of OCCUPATION IS certificate. 0 terms, no back 6 See Instructions = DEATH Item OF. Every Iter CAUSE O Important

state Very

PLACE OF DEATH

CERTIFICATE OF DEATH Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? Enters colities BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or amployar) Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER . PARENTS 11 BIRTHPLACE 3. 191 9. (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. State ... Where was disaasa contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE THE BEST OF If not at place of death? usual rasidenca. BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

STATE OF MARYLAND

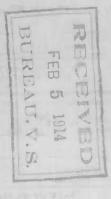
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illadditional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

- cause. childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



7. S. No. 1.

RECORD PERMANENT 4 WRITE

state should ION is OCCUPATION PHYSICIANS 0 statement Exact classified. pe b > properi GE supplied. pe may certificate. # that 80 50 pe back terms, should E O piain Instructions Information _ EATH 0 ā OF Item Every Item CAUSE OF Important. m ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Tit death occurred in a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Marries (Month) (Dax ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs. mos. State yrs. ____ ds. Where was disease contracted. 14 THE ABOVE IS MY KNOWLEDGE If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAP If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first liue will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was nudertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. B. No. 1.

uld state is very	County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 306
OCCUPATION	Village or City Cave town (No	Registration Dist. No
PH of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Married Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Exac	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Am alive on 4 1913
should be s y classified.	7 AGE STORM (SEAT) 17 AGE STORM STO	and that death occurred on the date stated above, at 3.30 m. The CAUSE OF DEATH * was as follows:
plied. AGE si	(a) Trade, profession, or particular kind of work. (b) Generel neture of Industry, business, or establishmenf in which employed (or employer)	(Ouration) yrs mos ds
that it may certificate.	State or country) Hoodensburg Bath Coo	Contributory (Secondary) (Osraflon) yrs mos ds.
should be en terms, so on back of	11 BIRTHPLACE OF FATHER (State or country) Fordensburg Oot. less 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OF M	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
nformation ATH in piali Instructions	13 BIRTHPLACE OF MOTHER (State or country) Farms burg Fa. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs mos ds. Sfate yrs mos ds. Where was disease confracted,
SE OF DE	(Informant) Mrs. Lucy Bushy (Address) Carpetown Poss	former or usual residence. Description of the purious of the puri
. B.—Every Itel CAUSE C Important	Filed James 2, 1914 A Hargus Sub	20 UNDERTAKER SOONES Smithsburg
Z	If more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations fication, as Day laborer, Earm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative wealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defent of the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "PUERPERAL septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from ... (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECENTED FEB 5 1914 BURLAU.V.S.

Y. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUP Important. See instructions on back of certificate.	RECORD	PHYSICIANS should state to OCCUPATION Is very
10	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N.B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

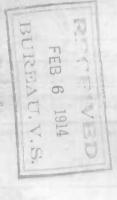
PLACE OF DEATH	STATE OF MARYLAND
County Taslunglow	CERTIFICATE OF DEATH
atill what Ma	Registered No.
Village or City / Lausper (No. (1)	St: Ward) a hospital or institution, give lis NAME iostead
*FULL NAME - 1 That O Cowor	The Caughtel of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allworteth bank 1914
TAGE Still Control of LESS than	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work	Stellbare
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary)
10 NAME OF Stall Candidell	(Signed) (Si
State or country) 11 BIRTHPLACE OF FATHER (State or country) Pennsy County Co	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Vennsylvanice 12 MAIDEN NAME OF MOTHER Rellie Zorin	CAUSEN, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary Land.	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Telle Louis	Former or usual residence.
(Address) Hagereline Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jane. 184514 6. E. Rickard	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra:	Lives Whiles Williamsferd Mid

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the

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PERSONAL AND STA	dir.	of street a
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR FEMALE WHITE	RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED TOMGLE	16 DATE OF DEATH (Month) (Day 17 HEREBY CERTIFY, That I strended dec
***********************	EMBER 23. 869	Jan 3" 1014 when 1. E
7 AGE 44 yrs 3	If LESS that	snd that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country.)	HOUSEWORK """""" ENNA.	Contributory Correction, 1971
	DAVIS.	(Signed) (Signed) (Goration) yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	ENNA.	*State the DISEASE CAUSING DEATH, OF in deaths fro
TA DEN NAME OF MOTHER MA	RY MARTIN.	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS.
(ENNA.	At place in the of death yrs ds. State yrs
(Interment) WILLIAM	H. DAVIS	Where was disease contracted, if not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. Examples: mia," "PUERPERAL poritonitis," etc. mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for



9 SICIANS shoul PERMANENT properly supplied. pe may certificate. carefully 0 back terms, PIN plain Instructions Information = of Inform Item OF Important. ш Every 10

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County XIII Shung 1500 Registration Dist. No. Ilf death occurred la St .: Ward) a hospital or Institution. give its NAME inslead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE ann MARRIED. WIDOWED, (Write the word) (Months (Dav (Year) CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12-MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. . Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are eugaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." mia," "PUERPERAL peritonitis," etc. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. etc., whou a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustlon," State cause for Never report For VIO-



ld state

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Q	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certilicate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	LY. nent
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	-Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate.
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PLACE OF DEATH 905	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
County La County	Registration Dist. No. 302
Ant 196	Mules Occa Ill death occurred in
Village or City Hage Moure (No. 2 17	a noopitat of institution,
D A	give Its NAME lostead of street and oumber.]
FULL NAME Carnella Dauga	W A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH James ry - 16 1914
Fernals, W. (Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH	17 I HEREBY CERTIFY, Fhat I attended deceased from
Och 14 18 WH	Jan 15, 191 \$ to au 16, 1914.
(Month) (Day) (Year)	that I last saw her allve on Jan 15 1914
7 AGE It LESS than	and that death occurred on the date stated above, at 2:302 m,
69 yrs. 3 mos. 3 ds. ormio.?	The CAUSE OF DEATH* was as follows:
B 9 yrs. 0 mos. S ds. OR mio. ?	Cerebrae apoplery
(a) Frade, profession, or	/ / /
particular kind of work (b) General nature of industry,	***************************************
business, or establishment lo	(Duration) yrs. mos / ds.
which employed (or employer)	Contributory E Caustin
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	(Ouration) yrs mos. ds.
FATHER Honry Wounds	(Signed) / Auru / Our , M. D.
9 11-1-1-1	Jau/6, 1914 (Address) Hagestown
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Marguarett sisk	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place to the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
THE ABOVE IS THOSE TO THE BEST OF MIT KNOWLEDGE	It oot at place of death?
(Informant) Stras Tracery	usual residence
(Address) 528 Salem Care	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Geneva W. W. Jan 20, 1914
Filed /17 1914 Henry Dairs	20 UNDERTAKER ADDRESS
REGISTRAR	Maiss Brus 33 6. Wash &
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, asshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return (retired 6 yrs.). For persons "Laborer," As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, peritonaeum, etc... Carcin-

13

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



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state Very 10 pinous OCCUPATION PHYSICIANS 0 statement classified. pe g no properly supplied. pe may certificat that 80 o pe back terms, 0 plain See instructions = DEATH OF Item Every Iter CAUSE O Important 80

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, MA WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death (State or country) yrs. State ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not dnties of the honschold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumoula," magnalified, is indefinite): Tuberculesis of lungs, meninges, peritoniaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine defiultely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal schiichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) tetanus) may be stated nuder the head Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

V. S. No. 1.

PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County Village or Citynear Balarsville (No. 35 6 D 7 A (a pa (b) but wh PARENTS 14 16 Fi

1 PLACE OF DEATH

	△N S	TATE OF MARY	(LAND
	V VV CER	TIFICATE OF	DEATH
	1	Registration Dist.	No. 300
1	Starle	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead ot street and number.]
=	MEDIC	AL CERTIFICATE OF	DEATH
_	16 DATE OF DEATH	Jany	24, 1914 (Day (Year)
		(Month)	(Day (Year)
	17 I HERI	FRY CERTIER That I a	ttended deceased from

FULL NAME Quary Elsen	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 1,7 I HEREBY CERTIFY That I attended deceased from
Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from 23, 1914, to 1914, 1914, that I last saw hand alive on 1914, 1914.
GE If LESS than	and that death occurred on the date stated above, at 3.30 Pm.
60 yrs 9 mos 29 ds t day, hrs.	The CAUSE OF DEATH* was as follows:
OCCUPATION) Trade, profession, or the Home rticular kind of work	Tours replication
) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) Zyrsmosds.
(State or country) Quaryland	Gontributory Secondary
10 NAME OF SERVE Galele.	(Signed) WM. Reithard, M. D.
11 BIRTHPLACE OF FATHER (State or country) Dearyland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HUMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Quaryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) My 5 70 6 Reams burg	Former or usual residence
(Address) Sharpsburg Mil	Bakersville DATE OF BURIAL
led 1/25/ 19t 4 Chas.N. Hoffmaster	20 UNDERTAKER ADDRESS ADDRESS ACTIVITY
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

naut neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic). "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (seeondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report



T. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE N.B.

PLACE OF DEATH 908	STATE OF MARYLAND
County Mashington	Regulation Circlio. 30%
Principle Mal	Registered No
Village or City (No. (No.	St; Ward) a hospitat or institution, give its NAME instead
* FULL NAME Mary C East.	or of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MONINGE SERVICE	(Mouth) (Day) (Teat)
O DATE OF BIRTH (Write the word)	1 HEREBY CERTIFY, That I attended deceased from
9 2 ,1848	104 2 C- 114
(Month) (Day) (Year) 7 AGE It LESS than	that I last saw h 177 alive on 1914
65 11 96 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was sa follows:
B OCCUPATION 20 ds. ORmin.?	Valvular Hart Disass
(a) Trade, protession, or normal particular kind of work.	
(b) General nature of Industry, business, or establishment in	(Burellan)
which employed (or employer)	Contributory (Duration) / yrs. mos ds.
9 BIRTHPLACE (State or country) Rolywsvelle Mee	(Secondary) (Duration) Yrs mos ds
10 NAME OF FATHER 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Grone It Jountary 10
of 11 BIRTHPLAGE	Jan 27, 1914 (Address) Bankettroille &
(State or country) Longersville	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY: and (2) whether ACCIONAL
of Mother Clibath Thomas	CAUSES, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER DA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country)	of death yrs. mos ds. State yrs. mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	usual residence
(Address) Address of the control of	Roberts 1 4 Ded 1 = 31
Filed Care 28, 191 4 CD Baker Well	20 UNDERTAKER ADDRESS
REGISTRAR	6 2 Dum our & Ro Karthiswelly

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the diblease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal freer (the only definite synonym is "Epidemie cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perstonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or miscarriage, as "Purreman septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia schsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver reound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 (name origin; "Can "Exhaustion," Never report Examples: For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in (No... St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WICOWEO, (Month) (Day) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Year) (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above, at 1.10 @ 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) Contributory State or country (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. (State or country State Where was disease contracted, It not at place of death? Former or usuai residence. PLACE OF BURIAL REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed. REGISTRAF If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Manter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turremeal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuizions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 de. "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-State cause for "Exhaustion," Never report Examples:



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX SSINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,hrs.min. ? BOCCUPATION (a) Trade, profession, or particuler kind of work (b) General nature of industry, business, or establishment in Q (Duration) which employed (or employer) . 2. Contributory State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS ... 191 4 (Address) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. _ ds. State yrs, ____ (State or country) Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) .-15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement: cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal mentingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from affection need uot be stated unless important. valvulur heart disease; Chronic interstitial nephritis. nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras. genital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the Americau Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The coutributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE N. B.-

Village or City Hagerstown (No. 46)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 [If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white Single, MARHED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, Total attended deceased from (1915) 1915 1015 1
(Month) (Day (Year)	that I last saw h. A alive on for the Last saw h. 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atPm, The GAUSE OF, DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of indusfry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Fruissing a secondary (Duration) yrs. mos. 7 ds.
10 NAME OF FATHER John 7, Brward 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 8.	(Signed)
12 MAIDEN NAME OF MOTHER CHIMA Shorts 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Slave Fackur	Where was disease confracted, If not at place of death? Former or Usual residence
Filed 1 1914 Heavy Sawis REGISTRAR If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 191.3. 20 UNDERTAKER Hard Management of Burial Address Hard Management of Burial 20 UNDERTAKER Address Hard Management of Burial Hard Managem

[Approved by U. S. Census and American Public Health Association.]

statcment. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the disease (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., whcu a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seuile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report "Contributory." injury, as fracture of skull, and consequences (e. g., The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... lit death occurred in St .: Ward) a hospital or institution give its NAME lostead of street and number. ? FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, BSFX 4 COLOR OR RACE MARRIED. Marie WICOWED. (Day) (Month) ORDIVORCEO I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR mio. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment lo (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Dération) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER ARENT *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Censns and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (d) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichae. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 3 000 10 DADENTS

County lashington 913	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139
*FULL NAME SUSANNA Elga	St.; Ward) [If death occorred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomale 4 color of Race 5 single, Midowed with the word)	(Month) (Day) (Year) 17 (A)HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH July 15 ch., 1837	that I last saw h le alive on Son 20 ft 1914
AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, st. 8-05 am. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or no occupation particular kind of work	Chronic Monantis
(b) Genaral nature of Industry, business, or establishment in which employed (or amployer)	(Ouration) 3/ yrs mos ds.
BIRTHPLACE (State or country) Manyland	Contributory Cheful Alexander (Secondary) (Daration) yrs mos ds.
10 NAME OF JOSEPH Me Lain	(Signed) 6. L. Wachles, M.D.
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Susama Eyler	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) MA NOTA DE LAWTER	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Fighfield Md	Retulbernetery Jan 23 1914
Filed Jan 19, 1914 C. Jeck REGISTRAR	20 UNDERTAKER ADDRESS Hayrustono Re
If more blanks are needed, address State Registra	F & E Franklin St Balta Properties V S No 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc... Carcin-

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such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildblrth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma surcoma etc. of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Convuisions," "Debility" ("Con-(name origin; "Can State cause for "Exhaustlon, Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 300 fif death occurred in St:Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. WIDOWED, (Month) ORDIVORCED Write the word) EBY CERTIFY, That I attended deceased from 6 DATE OF BLRTH (Year) (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at arm 1 dayhrs. was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) ... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country death yrs. mos. ds. State Where was disease contracted. if not at place of death? usual residence 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 de.: affection need not be stated unless important. nant neopiasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maran-"Colianse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can State cause for "Exhaustion," Never report Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. (It death occurred in ..Ward) a hospital or Institution, give its NAME instead et street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) (Year) (Day) ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. OR 7 BOCCUPATION (a) Trade, pretession, or particular kind of work. (b) General nature of industry, business, or eatablishment in which employed (or employer) Contributory ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER . 191 (Address) Dryses S 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State vrs. ____ mos. Where was disease contracted. 14THE ABOVE IS MY KNOWLEDGE It not at place of death? Former or (Interment) usual rasidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

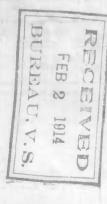
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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PLACE OF PEATH	STATE OF MARYLAND
County Washing Tous Commy your	CERTIFICATE OF DEATH
County	Registered No. 201
Village or City flagers tour (No. 603	// a morphism of majoration
4 11.	give its NAME lostead and street and number.]
PULL NAME OULLAND UNEW	e f f oov er
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WISOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	James 9, 1914, to James 10, 1914.
(Monty) (Day) (Year)	that I last saw h 12 alive on Jan 10 ,1914
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
-3 yrs 5 mos. ds. OR min.?	The CAUSE OF DEATH* was as follows: (2)
a) Trade, profession, or flille	
(b) General nature of industry, business, or establishment is which employed (or employer)	(Duratieo) yrs. mos. of ds.
(State or country) Mary land	(Secondary) (Daration) (Daration) (Daration) (Daration) (Daration) (Daration)
10 NAME OF Benfamur 7 Hoover	(Signed) Srin M. West, M. D.
11 BIRTHPLACE OF FATHER (State or country) Maiy land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injust; and (2) whether Acciden-
of Mother Possie A Thomas	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	OR RECENT RESIDENTS) At place is the of death yrs, mos, ds,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Bessel Hoover	Former or " usual residence
(Address) La y erstone ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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	unty Washington liage or City Hagerstown (No. 33 F) PULL NAME Dora Belle Imes	Registered No. 302 [if death occurre a hospital or institution give its NAME loss of street and number
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
* SE	x 4 color or race 5 single, MARRIED, Widowed, ORDIVORCED (Write the worth)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I sttended deceased for
7 AG	January 13 J882 (Year)	that I last saw h
(a) par (b) busi whice	Trade, profession, or ficular kind of work House Wife General nature of industry, ness, or establishment to the employed (or employer) RTHPLACE atterior country)	Charlien Contributory of Investory Contributory of Investory Contributory of Investory of Invest
	10 NAME OF	(Signed) Ouration yrs mos
RENTS	Peter Alderton 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciding the Suicidal, or Homicidal.
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAZIC Slider 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	State the DISEASE CAUSING DEATH, or in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether Accid TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. Where was disease contracted, If not at place at death?
PARENT	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Mazie Slider 13 BIRTHPLACE OF MOTHER (State or country) Maryland	State the DISEASE CAUSING DEATH, or in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accid tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place in the of death yrs, mos, state yrs, mos. Where was disease contracted,

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, applies to each and every person, irr tion is very important, so that the causing pears, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; for many occupations a single word or first line will be sufficient, ness of various pursuits can be known been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise-matement of occupahave no occupation whatever, write None. If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," respect (ative healthful-As examples "Foreman," ive engineer, Planter, on the of age. clon

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum,

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STATE	OF	MARY	LAND
CERTIFIC	AT	E OF	DEATH

1 PLACE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution. give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at... t day,hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs. State yrs. Where was disease contracted. TRUE TO THE If not at place of death? Former or (Informant) usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework; or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Laborer-Coal As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustiou," For vio-



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state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3.0.3 [If death occurred in St .:Ward) a hospifal or Institution. give its NAME instead of streef and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, Sery (Month) OROIVORCEO HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 8,30 TAGE If LESS fhan 1 day. hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or countr *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER State yrs. yrs. mos. ds. Where was disease confracted. if not at place of death? Former or usual rosidence DATE OF BURIAL 15

20 UNDERTAKE

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. 8 No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborershould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum

"Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEHAL peritonitis," childbirth or miscarriage, as "Tuerperal scottichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -K art failure," "Haemorrhage," "Inanition," "Marasgenital," "Coliapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train accithenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senfle." (Recommendations on statement of may be stated under the head etc.), "Dropsy," "Exhaustion," "Traemla," "Weakness," etc. State cause for (name origin; "Can-Examples:



County	PLACE OF DEATH Washington	920 colm 2000	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 30 [if death occor a hospital or local and a hospital an
		lian E. Little	a hospital or instigive its NAME in of street and nomination
PI	ERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*sex Male	4 COLOR OR RACE	S SINGLE, MARRIED, WIBOWED, OR DIVORCED (Write the wordingle	16 DATE OF DEATH (Month) (Day) (Yea 17) I HEREBY CERTIFY That I attended deceased
6 DATE OF	January (Month)		Sept 26, 1914, to Jana 26, 19 that I last saw hand alive on Jan 24, 19
⁷ AGE	22 yrs. • •	11 LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(b) General n business, or	d of work		(Buration) yrs. 4 mos. Contributory Cardina arthurus (Secondary)
	John E. J		(Signed) Z7191 4 (Address) Hay safeway 2
Z (State	THPLACE FATHER or country) Burkit DEN NAME	ttsville Md.	*State the DISEASE CAUSING DEATH, or, in deaths from Violi CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL.
9	Florence	ce C. Hutts	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place In the
13 BIR OF (State	or country) Knoxv.	ille Md.	of deeth yrs, mos, ds. State yrs, mos,
13 BIR OF (State	MOTHER (NOXY)		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example, (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." . "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maltg-Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: FOT VIO-



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1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 352

Ward)

MEDICAL CERTIFICATE OF DEATH

[It death occurred in a hospital or Institution, give its NAME Instead of street and number. 1

3 SE	Male	4 COLOR	or race	S SINGLE, MARRIED, WIOOWEO, OR OLVORGEO (Write the W	The dower
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that I last saw h. 4.6 a	live on	121	~	., 1914
and that death occurred	on the date s	tated above	2, at 20	300m
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OR RECENT RESIDENTS	ICE (FOR HOSE	TALS, INSTIT	TUTIONS, TR	ANSIENTS
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ot death yrs mos Where was disease contracted,	ds.	State yr	s mos.	ds
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Former or usual residence				
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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honschold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tubereulesis of hungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS shigHOSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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1 4 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No. [If death occurred in St.;....Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDDWED, Juden DRDIVDREED WORD (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work...... (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally, Succidentally, Succidentally, Succidentally, Succidentally, Succeeding the Company of the 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ ds Where was disease contracted. 14 THE ABOV if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMDVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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No. 1. ŝ -

Village or City Destre Ho. J. 2 FULL NAME John M. 9.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 304 St; Ward) St; Ward) St; Ward a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, Married WINDOWED, Married OR DIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from All 9, 1914, to Jan 25, 1914, that I last saw hell alive on Jan 25, 1914
7 AGE 67 yrs. 7 mos. 1 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. **Real Profession of Particular kind of work.** **Particular kind of work	Lobar Gneumonia
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Cluster,	Contributory (Secondary)
10 NAME OF FATHER FOLIN M. Custer. 11 BIRTHPLACE OF FATHER (State or country) I related. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MDTHER (State or country) 13 BIRTHPLACE OF MDTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
(Informant) Serve To the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Adareoes of Md. 15 Filed 1/14/, 1914 P. D. Perstan	19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL MAUCOCI 6 Md. Jan. 13, 191 4 20 UNDERTAKER ADDRESS MAGNETICAL VIEW. MAGNETICAL
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for



PLACE OF DEATH 924	STATE OF MARYLAND
County Warley Tou	CERTIFICATE OF DEATH Registered No. 302
VIIIage or City Hayerstone (No. Bed	St.; Ward) [if death occorred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewale The Server (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last ssw h. alive on
7 AGE 11 LESS than 1 day,hrs. ORmin.?	SHO that death coodings on the date states as a second state of the second state of th
(a) frade, profession, or particular kind of work (b) General nature of loddsfry, business, or establishmenf in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mes. ds. Contributory (Secondary)
10 NAME OF FATHER Daniel Malor	(Signed) Storgs S. Evz hart, M. D. 19, 1914 (Address) 27 W. Franklin Story)
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) Af place of death yrs. 2 mos. ds. State 5 yrs. mos. ds. Where was disease confracted.
(informant) Eliter & Maly	If not at place of death? Former or usual residence. Cearfors, Mc.
(Address) Hazewtour md	Conordous Pu Date of Burial

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenciamia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrerran septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," etc. State (name origin; "Can-"Exhaustion," Examples: cause for For VIO-



V. S. No. 1.

N. B.-

PERMANENT EXACTLY. stated 4 should UNFADING INK-THIS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH pinous -Every Item of Information shades OF DEATH in plain Important. See instructions o

PHYSICIANS should state of OCCUPATION IS VEY

statement

properly classified.

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

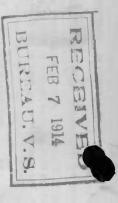
[If death occurred in

FULL NAME Edward 2	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY GERTIFY. That I attended deceased from
6 DATE OF BIRTH 3 7 1872	that last saw himalive on January 12, 1914
1 day hee	and that death occurred on the date stated above, at 4.30 Pm; The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Diobetio
(b) General nature of Indostry, business, or establishment in which employed (or employer)	(Duration) O yrs mos ds.
10 NAME OF FATHER PACE (State or country) Tilmanton, Ind	Contributory Secondary Secondary Muration yes mos 6 ds. (Signed) , M. B.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) Mrs. E. Martense	Where was disease contracted, If not at place of death? Former or usoal residence
16 Address)	19 PLACE OF BURIAL OR REMOVAL Com. 15, 191.4 20 UNDERTAKER ADDRESS
REGISTRAR	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcincless of lungs and lungs are languaged and lungs are languag



mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (seeondary or intercurrent)



	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
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	Every Item of information should be garefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Washington Registered No Ilf death occurred lo Pike Edge girty Ward) Village or City Hager stown Md. a hospital or lostitution. give its NAME lostead of street and comber. I Theodore C. Martz * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Year) (Write the Word) That I attended deceased from. 6 DATE OF BIRTH September 1858 MU alive on. (Year) (Month) (Day) if LESS than TAGE 1 day hrs. The CAUSE OF DEATH * was as follows: 55 OR 7 SOCCUPATION (a) Trade, profession, or Carpenter perticular kind of work ... (b) General nature of iodustry, business, or establishment in House mos × dd Carpenter which employed (or employer) ... Contributory BIRTHPLACE (Secondary) (State or country) Boonsboro 10 NAME OF (Signed) FATHER David Martz (Address) 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-Rohrersville Md 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ahala Reeder OR RECENT RESIDENTS) 13 BIRTHPLACE in the At place OF MOTHER State yrs mos. of death __ (State or country) ____ yrs. mos. Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Jan. 21 1984

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Rose Hill

20 UNDERTAKER

Hager stown

S. K. Lowman Hagerstown Md.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekccpers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

losis pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonla," brospinal fever (the only definite synonym is Statement of cause of death-Name, first, the nisease of lungs, meninges, peritonaeum, etc.. and causation), using always the same accepted meningltis"); Diphtheria Typhoid fever unqualified, is indefinite); I'ubercu-(never report "Typhoid "Epidemic cere-(avoid use

> mia," "PUERPERAL peritonitis," scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as cbildbirth or miscarriage, as "Puraperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: cause for For vio-



PHYSICIANS should of OCCUPATION IS statement PERMANENT classified. proper INK supplied. pe 80 0 a OF mportant. Every

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Very back EATH in plair e instructions m

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributor econdar 10 NAME OF FATHER ARENTS 11 BIRTHPLACE .., 191 (Address). OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. _ mos. ds. State yrs. ___ mos. _ Where was disease contracted. If not at place of death? usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTA ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illduties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has For many occupations a slugle word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

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	428	STATE OF MARYLAND
Washington	0.00	CERTIFICATE OF DEATH
County Washington	anna	Registered No. 302
10	(No.L17 E	st Ave st; H ward) [It death occurred a hospital or institution give its NAME loste of street and combor.]
PERSONAL AND STATISTIC		MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE	S SINGLE, MARRIED, WIBOWEO, OROIVORCEO (Write the WOR)	16 DATE OF DEATH (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I attended deceased fro
Female White Control Birth January (Month)	Day (Year)	that I last saw h alive of CC Brun, 191
7 AGE	11 LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 3:45° n The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or None particular kind et work (b) General nature et industry, business, or establishment in which employed (or amployer)	8	(Duration) yrs. mos. d
BIRTHPLACE		Gontributory(Secondary)
O 11 BIRTHPLACE (State or country) Hogerstown 10 NAME OF FATHER Frank R. M.	urphy	(Secondary) (Signed) (Signed) (Address) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
OBJECT OF SOLUTION OF STATE OF	. Supinger	(Signed) State the DISEASE CAUSING DEATH, or, in Seaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place is the
OF FATHER (State or country) 10 NAME OF FATHER Frank R. M 11 BIRTHPLACE OF FATHER (State or country) Warren 12 MAIDEN NAME OF MOTHER (State or country) Strawsb 14 THE ABOVE IS TRUE TO THE BEST (informant)	Co, Va. Supinger Urs VA. OF MY KNOWLEDGE	(Signed) (Signe
OF MOTHER (State or country) 10 NAME OF FATHER Frank R. M. 11 BIRTHPLACE OF FATHER (State or country) Warren 12 MAIDEN NAME OF MOTHER (State or country) Strawsb. 14 THE ABOVE IS TRUE TO THE BEST (Informant) Sank R. (Address S. C. A. C. Hay	Co, Va. Supinger	(Signed) (Signe

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISMASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," 'unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purprenal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malls. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Revolver wound of head-homicide; Polsoned "PUERPERAL peritonitis," tetanus) may be stated under the head .o. Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State (name origin; "Can-"Exhaustion," Examples: cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be atated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A RESERVED MARGIN W. B. No. 1.

PLACE OF DEATH 929	STATE OF MARYLAND
County Was ling tous	CERTIFICATE OF DEATH Registered No. 30 7
VIIIage or City Players tour (No. 12)	[It death occorred le a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SAINGLE, MARRIED. Wildows Wildows Or Bly Date of BIRTH 5 DATE OF BIRTH 5 SINGLE, WARRIED. Wildows	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended decessed from
(Month) (Day) (Year)	that I lest saw half allive on
7 AGE 11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7.3000 m, The CAUSE OF DEATH* was as follows:
e occupation (a) Trada, profession, or particular kind et work (b) Beneral nature of iodustry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) yrs. mos. ds. Contributory (Secondary)
OF MAME OF FATHER OSCAL DO E 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TO THE OTHER TO THE OF MOTHER TO THE OF MOTHER TO THE OTHER TO THE OTH	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 13 VY VIII 4	At place of death yrs mos ds. State yrs mos ds.
(Informant) Allert Reed (Informant)	Where was disease contracted, If not at place et death? Former or usual residence
(Address) Roy extraine Mcc(16 Filed //8 , 1914 Reuny State REGISTRAR	19 PLACE OF BURIAL OR REMOVAL LOCALS OF LU 4 20 UNDERTAKEN ALCONOMIC PLAYERSTANCE ALCONOMIC PLAYERSTANCE LAYERSTANCE LAYERSTANCE
If more blanks are needed, address State Registra	r, & E. Frankin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not pald Housekeepers who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing dearn, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewiff, Mousework, or At Home, and children, not gainfully employed, as At school or At home Care fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiemployed, as At school or At home. Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of Lyggs, meninges, peritonaeum, etc.. Carcinosis of Lyggs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," mia," "PUERPERAL peritonitis," etc. State cause for nant ncoplasms); Measles; Whooping cough; Chronio cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." scpsis, tctanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-"Exhaustion," Examples: For VIO-



PHYSICIANS RECORD PERMANENT EXACTLY. 4 pe D UNFADING should PLAINLY WRITE Item CAUSE OF

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred inWard) a hospital or Institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, DLIN (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs.min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employar) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER At place in the of death State _____ yrs. ___ mos. ___ (State or country yrs. _ mos. _ ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

dutics of the honsehold only (not paid Housekeepers who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuces of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditious, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION 1s-very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN N. B. No. 1.

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
	10 d d d d d d d d d d d d d d d d d d d	CERTIFICATE OF DEATH
Co	unty Vortug Will	317,
	V	Registered No.
Vi	llage or City Playestone (No. 1/4)	, a neopital of industrial
		give its NAME lostead of street and number.
	* FULL NAME Catharine Regul	LLO
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
1	muse the word	17 I HEREBY CERTIFY, That I strended deceased from
O D	(C.) 24 .CT	July 191 4, to July 191 4
	(Month) (Day) (Year)	that I last saw her alive on the 2-6 1914
7 AG		and that death occurred on the date stated above, at Sa-m.
	1 day,hrs.	The CAUSE OF DEATH * was as foliows:
	7 yrs. 3 mos. 2 ds. OR min. ?	Buller Paralyons
	CCUPATION	,
par	Trade, profession, or House Work	
(b)	General nature of industry,	
	ness, or establishment to the employed (or employer)	(Duration)mosds.
-	RTHPLACE ate or country)	(Secondary)
(St	ate or country)	(Deration) yrs mos ds.
1	10 NAME OF	Meg. A Wilson
	FATHER Daniel Weaver	(Signed), M. D.
IS	11 BIRTHPLACE	Call. 191. 4 (Address) Hagher hel
Z (State or country) / y y will		*State the DISEASE CAUSING DEATH, or, in deaths from Violent
ARE	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
a	OF MOTHER Vine Carlos	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
	(State or country) / O 7 mag	of death yrs. mos. ds. State yrs, mos. ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Trues Reguelds		Former or
		usual residence
	(Address) La Yelshalle Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Marke , 26.	Tayerotouronu que 28, 1914
File		20 UNDERTAKER ADDRESS
	REGISTRAR	Al Cott ween Hageiston
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		my

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the childbirth or miscarriage, as "Pubperal scotichae-Callse. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State (name origin; "Candeath), 29 ds.; Examples: cause for For vio-



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PHYSICIANS PERMANENT pe pinous supplied. UNFADING pinous uo WRITE DO Item

state

STATE OF MARYLAND Very CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No [It death occurred inWard) a hospital or institution. give its NAME instead of street and anmber. 7 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULAR statement 16 DATE OF 3 SEX 5 SINGLE, 4 COLOR OF RACE MARRIED. 1914 WIDOWED, Married (Month) (Day) (Year) ORDIVORCED (Write the word) Exact (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. U OR min. ? properly 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in may which employed (or employer) certificate. Contributory. BIRTHPLACE (Secondary) (State or country) +4 that 10 NAME OF FATHER (Signed) 80 90 terms, n back 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain V OF MOTHER Instructions 0 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER (State or country EATH _____ yrs. ____ mos. ___ State Where was disease contracted. If not at place of death?. Former or OF usual residence. mportant. ш 19 PEACE OF BURIAL ATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-"Contributory." Accidental drowning; Struck by railway train—accl-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Washington 933	CERTIFICATE OF DEATH Registered No. 3.0
Village or City Williamsport (No. 2 FULL NAME Cleu & Rhy	St; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Phite Single, wisower, wisower, wisower, wisower, wisower, wisower, with the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17) 1 HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH Luly 31 (Month) (Day) (Year)	that I last saw her allve on Jan 27, 1914
TAGE If LESS than 1 dayhrs. ORmin.? OCCUPATION (a) Trade, protession, or particular kind of work	and that death occurred on the date stated above, at G. O. 1. m. The CAUSE OF DEATH* was as follows: CRECE Sabar Onumous.
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Morey Agued	Gontributory Secure of Lung (Secondary) (Beration) yrs mos Z ds.
10 NAME OF FATHER Carbol M. Phiduon 11 BIRTHPLACE (State or country) Many Carbol 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Address) (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or flomicidal.
of Mother John May Murling 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Clen Stratiff (Address) Pullamskist Mdc. 15 Filed Jan 28, 1914 C. E. Rickard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PUBLICATION OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illness. ction is very important, so that the relative healthfulcated thus: Farmer (fettred 6 yrs.). duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemald, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At Rome, Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-thus: Farmer (fettred 6 yrs.). For persons Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dease causation with respect to time and causation) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheda (avoid use of "Croup"); Typhoid fever (hever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoris of lungs, meninges, peritondeum, etc.. Carcinosis of lungs, meninges, peritondeum, etc.. Carcin

cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Pubbreral septicance ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and Iquality as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Weasles; Whooping cough; Chronic Bronchopncumonia (secondary) = 10 ds. Never report oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory Aiways qualify all diseases resulting from "Senile." etc.), "Propsy," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

Catson!

95.



. Frs. 22 L.

Y. B. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Mashington 934	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 3.10
Village or City Mesentine (No.)	St; Ward) [it death occurred is a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Prale White (Write the word) 8 DATE OF BIRTH S SNOLE, Married, Married, Wildowson, On Divorce D. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1914
(Month) (Day) (Year) 7 AGE it LESS than 1 day,hrs.	and that death occurred on the date stated above, at 4 30 A m. The CAUSE OF DEATH* was as follows:
** OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Couration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Duration) yrs mos ds
O 11 BIRTHPLACE OFFATHER OFFATHER	(Signed) St. Je Jewitze F. M. D. Jan 121, 191 (Address) Drowns willem
OF FATHER (State or country) United	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Unillinois	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted,
Informant) See Type Reckords	If not at place of death? Former or usual residence.
(Address) Merceton Md	Brown wille Jan 213, 1914
Filed Jan 21. 1914. Emma E youn Kins Depuly REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS / Seeden Pull 3
If more blanks are needed, address State Registran	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomencla **Contributory." (Recommendations on statement of by carbolic acid—probably suicide. such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for ehlldbirth or miscarriage, as "Puraperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla." "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measics; Whooping cough: Chronic is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



W. S. No. 1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every item of information should be esertily supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
W. S. No. 1. WRITE PLAINLY, WITH UNFADIN N. B.—Every item of information should be esrefully sur CAUSE OF DEATH in pisin terms, so that it ms important. See instructions on back of certificate,

	PLACE OF DEATH 935	STATE OF MARY	LAND
C	ounty Washington) CERTIFICATE OF	DEATH
00	Juniy	Registered N	No. 3/1
V	Illage or City Pleasantvellero	St;Ward)	[If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Mary Verger	ua) tour	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 SE	WIDOWED, W.	Month)	3d, 1914 (Day) (Year)
F	emale (White (Write the word)	17 . I HEREBY CERTIFY, That I atter	
6 D	ATE OF BIRTH	Still Born 191 to	191,
	(Month) (Day) (Year)	that I last saw h alive on mol ala	200
7 AC		and that death occurred on the date stated above	e, at /12 20 m.
	yrs	The CAUSE OF DEATH * was as follows:	1
	CCUPATION	the child pure	shed
(a) par	Trade, profession, or ticular kind of work.	5	
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)yrs	ds.
9 BI (St	RTHPLACE tate or country)	Contributory (Secondary)	mos ds.
	10 NAME OF FATHER Floy & b. Roles	(Signed) 13, 18, Panson	, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in des	herry Wia
PARENTS	12 MAIDEN NAME OF MOTHER MINES	CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTIT	whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the	s, mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) Floyel le Monn	Former or usual residence	
	(Address) Harpers Ferry W. Va.	1	E OF BURIAL
1 6 Fill	ed Jaring 4th, 1914 Om le your Kara	20 UNDERTAKER ADD	PRESS YIELD
	If more blanks are needed, address State Registrar, 6 B	C. Franklin St., Balto, Requesting V. S. No. 1	oruces - a

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcimossis of lungs, meninges, peritonaeum, etc.. Carcimossis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 State cause for Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Co	PLACE OF DEATH 936 Unity Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 302
Vi	illage or City Hages slow (No. 504)	Borlotto. St., Ward) [If death accorred a hospital or instituting give its NAME instended and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Le amate	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	Tel. 23 , 1910 (Month) (Day) (Year)	that I last saw har alive on June 5 191
7 AC		and that death occurred on the date stated above, at.
	3 yrs 10 mas 14 ds. OR min.?	The CAUSE OF DEATH* was as follows:
pai	Trade, profession, or ricular kind of work Oeneral gature of industry,	
busi	iness, or establishment to	Contributory Acute delatation I heart
busi	iness, or establishment to	Contributory Acute delatation I heart
busi while SLN	Iness, or establishment to ch employed (or employer) IRTHPLACE tate or country) & Sava Corse & 10 NAME OF FATHER Harry & Rohnson 11 BIRTHPLACE	(Signed) (Signed) (Address) (Address) (Signed)
busi white 9 B1 (S)	Iness, or establishment to ch employed (or employer) IRTHPLACE tate or country) & sava less & k 10 NAME OF FATHER Harry & Rohrson	(Signed) (Signed) (State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
ARENTS SER GISTON	iness, or establishment to ch employed (or employer) IRTHPLACE tate or country) L sava lessek 10 NAME OF FATHER Harry D. Rohn sen 11 BIRTHPLACE OF FATHER (State or country) L savar les EER 12 MAIDEN NAME	Contributory Acute Aclastican Decart Secondary) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (
PARENTS (S)	10 NAME OF FATHER Harry D. Rohrsen 11 BIRTHPLACE (State or country) Brann les Elek 12 MAIDEN NAME OF MOTHER Serah E. Lutz, 13 BIRTHPLACE	(Signed) (Signe
PARENTS (S)	10 NAME OF FATHER HERRY D. Rohr Sen 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 Mildle lown 16 Mildle lown 17 Mildle lown 18 Mildle lown 19 Mildle lown 10 Mildle lown 10 Mildle lown 11 Mildle lown 12 Mildle lown 13 BIRTHPLACE OF MOTHER (State or country) 14 Mildle lown 15 Mildle lown 16 Mildle lown 17 Mildle lown 17 Mildle lown 18 Mildle lown 1	Contributory Acute Aclastican 2 heart (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT ON RECENT RESIDENCE) At place of death yrs. mos. ds. State yrs. mos. of Where was disease contracted, It not at place of death? Former pr



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, pertionaeum, etc.. Carein-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL scptichaecause. inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitlal nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 da.; "Exhaustion," Examples: cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

AGE should be

of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate.

-Every Item of information should be CAUSE OF DEATH in plain terms, s

N. B.

important.

RECORD

1 PLACE OF DEATH

County WASHINGTON

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

HAGERSTOWN Village or City.

937

POTOMAC AVE. [if deeth occurred io a hospital or institution, give its NAME instead of street and number.]

UNNAMED CHILD OF WM.&BESSIE ROULETTE.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	MARRIED, WIDOWED.	16 DATE OF DEATH Am Po 1914 (Month) (Day (Year)
	JANUARY 20" , 1 9	17 I HEREBY CERTIFY. That I ettended decessed from 14. 14. that I leat saw have elive on from 20 1914.
7 AC	(Month) (Day (Yea	than hrs. The CAUSE OF DEATH* wee se follows:
(a) pai (b) bus	CCUPATION Trade, profession, or NONE ricular kind of work	Light about 13 minutes (Ouration) yrs mos ds.
-	RTHPLACE (State or country) MARYLAND. 10 NAME OF FATHER	Contributory Secondary (Duration) yrs mos ds. (Signed) Waryhour M. D.
ARENTS	WILLIAM U. ROULETTE. 11 BIRTHPLACE OF FATHER (State or country) MARYLAND. 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
<u>С</u> ,	OF MOTHER BESSIE SCHINDEL. 13 BIRTHPLACE OF MOTHER (State or country) MARYLAND.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted,
	(Informant) WILLIAM U. ROULETTE	If not at place of death? Former or usual residence
16 File	REGISTRAF	PLACE OF BURIAL OR REMOVAL ROSE HILL CEMETERY JAN. 20", 1914 20 UNDERTAKER C. M. SUTER & SON HAGERSTOWN MD Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional live is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kiud of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question tlon is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for genital," "Senlie," etc.), "Dropsy," mere symptoms or terminal eouditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. chlidbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (seeondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from (Recommendations on statement of "PUERPERAL septichae-"Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN W. S. No. 1.

PLACE OF DEATH 938	STATE OF MARYLAND
VICE LA SON AL	CERTIFICATE OF DEATH
County NASSALLIN Y BU	Registered No. 302
Village or City Ragerstunes (No. 109.	A 156 St; 5 Ward) [If death occurred in a hospital or institution, give its NAME lostead
2 FILL NAME LEVEL Same	dess' of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACOLOR OR PACE 5 BINGLE,	16 DATE OF DEATH
wipower.	(Month) (Day) (Year)
male, Coloned (Write the word)	17, I HEREBY CERTIFY, That I attanded deceased from
6 DATE OF BIRTH	atulrous for part syras, is
(Month) (Day) (Year)	that I last saw h Use alive on about our worth ogo 101
7 AGE If LESS than	and that death occurred on the date stated above, at
2 /A // 1 day,hrs.	The CAUSE OF DEATH* was as follows;
9 yrs /D mos. /6 ds. ORmin.?	This boy was an ediot, acquired the
8 OCCUPATION (a) Trade, profession, or	hobit of regus questing his food lew
perticular kind of work.	he muy openion der of Storvaline
(b) Beneral nature of industry, business, or establishment in	Self induced (Duration) yrs mos ds.
which amployed (or amployer)	l Y
9 BIRTHPLACE (State or country)	(Secondary)
Mary land	(Duration) yrs mos ds.
10 NAME OF FATHER STATES AND SALES	(signed) Allegana, M. O.
O 11 BIRTHPLACE	Mul 8, 191 4 (Address) Jacquestown Mo
(State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Courses Lake	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary lowel,	At place in the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant) Emma Samuelero	Former or usual residence.
(Address) Hayers traus mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	telepropercus form 20, 1814
Filed / 19 - 1914 Hours Hairs	20 UNDERTAKER ADDRESS
REGISTRAR	Alloquesus Plageretrous
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purrerral septichaemia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Candeath), 29 ds.; or as probably "Exhaustion," Never report Examples: For VIO-



	PLACE OF DEATH	STATE OF MARYLAND
	2/2	CERTIFICATE OF DEATH
Co	ounty lastingly	Parlahand No. 302
	0/ 1	Registered No.
٧	illage or City Stagessowsky (No.	St; Ward) [If death occurred in a hospitel or lostitution, give its NAME iostead of street and number.]
	* FULL NAME	To the second
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 8	2X 4 COLOR OR RACE 5 BINGLE, Single	16 DATE OF DEATH
	WIDDWED.	(Month) (Day) (Year)
_/	Male White (Write the word)	I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	ace J., 1914, to
	Jan 1 , 1914	that last saw h alive on
	(Month) (Day) (Year)	X Va.D
7 AC	SE Stelf Borne I day,hrs.	and that death occurred on the date stated above, st
101	yrs mes. ds. OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	
(a)) Trade, profession, or	Still Voru
	rticular kind of work	
	iness, or establishment in	(Duretleo)yrsmosds.
Whi	ch employed (or employer)	Contributory
9 B	IRTHPLACE (ate or country) Marineston Country Md.	(Secondary) (Deretion) yrs mos ds.
	10 NAME OF	11600 1601
	FATHER MOSSON Verglo	(Signed), M. D.
S	11 BIRTHPLACE	January, 1912 (Address) Studentsown III)
ARENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or/in deaths from VIOLENT
S III	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
A	OF MOTHER Friter Marchiusous	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country)	of death yrs ds. State yrs mos ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piece of death?
	Merien Pankson	Former or
	(informant) / Wy Classification (informant)	usual residence
	(Address) 143 n. Sonathan of	19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Halfway MM / 1- 1914
es:	180 11- 1914 Henry Davis	20 UNDERTAKER ADDRESS
PI	REGISTRAR	1 Dein. Berkosow Hagendown
	If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "Purpresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

No. 7/2

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is Very RECORD PERMANENT 4 UNFADING INK_THIS carefully supplied. certificate. See instructions on back of WRITE PLAINLY, WITH N. B.—Eyery item of information should be CAUSE OF DEATH in plain terms, so important.

,	PLACE OF DEATH ounty Washing Ton 940 illage or Gity Dio X 2FULL NAME X2brcca Ellen.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 1914.
6 D	ATE OF BIRTH aug 5, 1896	17 I HEREBY CERTIFY, That I attended deceased from 2 / 1914, to 2 / 1914, that I last saw here alive on 2 / 1914,
7 A	(Month) (Day) (Year) GE It LESS than 1 day,hrs. ORhrs. OR	and that death occurred on the date stated above, at 150 m, The CAUSE OF DEATH * was as follows:
(a	CCUPATION) Trade, profession, or rtlcular kind of work	Culmonary Unberenlosis
bus	General nature of industry, liness, or establishment in ich employed (or employer)	(Duration) yrs. 6 mos. ds.
9 B	tate or country) Washlo Mil.	Gontributory (Secondary) (Duration) yrs mos ds.
	10 NAME OF HERRY Sensel	(Signed) J. A. Johnson, M. D.
ENTS	of FATHER (State or country) Washlo. Mil.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) Whether ACCURE
PARI	12 MAIDEN NAME Ellen Relicca Weaver.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
	(Address) Hancork Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fi	1ed 1 121 1914 C. J. D. Paul	20 UNDERTAKER ADDRESS With insterior V Son Way a good no

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the husiness or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Traemia," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUEBPEBAL septichae-(name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	lage or City Charlton (No. Benja	CERTIFICATE OF DEATH Registration Dist. No. 3 (If death of a hospital or give its NAM of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	ale white on the word)	(Month) (Day 17 I HEREBY CERTIFY, That I attended decea
6 D/	ATE OF BIRTH	
	Monthly (Day (Year)	that I last saw h alive on
TAC	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	64 yrs // mos 9 ds OR min.?	The CAUSE OF DEATH* was as follows:
(b)	DENETAL NATURE OT INDUSTRY,	Helf my hacked - Shance and
bus	General nature of Industry, lness, or establishment in ich employed (or employer) IRTHPLACE (State or country) A A Live The Country	Contributory Facility Harally Secondary
bus	Iness, or establishment in ch employed (or employer)	(Duration) yrs mos
bus whi	iness, or establishment in ch employed (or employer) IRTHPLACE (State or country) Washington Co. PMI 10 NAME OF FATHER Servey Officially 11 BIRTHPLACE OF FATHER (State or country)	Contributory Facility of Guration) Secondary (Gigned) (Signed) (Signed) (Address) (Address)
bus	iness, or establishment in ch employed (or employer) IRTHPLACE (State or country) IO NAME OF FATHER IT BIRTHPLACE OF FATHER (State or country) I BIRTHPLACE OF FATHER (State or country) I MAIDEN NAME OF MOTHER OF MOTHER I BIRTHPLACE I BIRTHPLACE I BIRTHPLACE	(Signed) State (1) Means of Injury; and (2) whether Tal, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Trong Recent Residents)
bus whi	IRTHPLACE (State or country) Askington Co Mid 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF COUNTRY) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed)
PARENTS PARENTS	iness, or establishment in ch employed (or employer) IRTHPLACE (State or country) IO NAME OF FATHER IT BIRTHPLACE OF FATHER (State or country) I BIRTHPLACE OF FATHER (State or country) I MAIDEN NAME OF MOTHER OF MOTHER I BIRTHPLACE I BIRTHPLACE I BIRTHPLACE	(Signed)
PARENTS	Iness, or establishment in chemployed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *Stare the Disease Causing Death, or, in deaths from Causys, state (1) Means of Injury; and (2) whether tal, Suicidal, or Homicidal. *Stare the Disease Chusing Death, or, in deaths from Causys, state (1) Means of Injury; and (2) whether tal, Suicidal, or Homicidal. *Stare the Disease Causing Death, or, in deaths from Causys, state (1) Means of Injury; and (2) whether tal, Suicidal, or Homicidal. *In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, it not at place of death? Former or

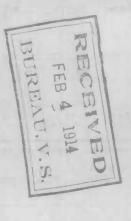


[Approved by U. S. Consus and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING UEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaenant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cuncause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras geultal," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; ture of the Americau Medical Association.) "Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Chronic interstitial nephritis. State cause for "Exhaustlon," Never report For vio-



Y. S. No. 1.

-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

C	PLACE OF DEATH 942	STATE OF MARYLAND CERTIFICATE OF DEATH
٧	*FULL NAME Eliza a	Registered No. [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE Single, Married, Wisowed, Worked (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	, 191, to
TAC	(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Year)	and that death occurred on the date stated above, at 1230 a.m. The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or ticular kind of work. Generat nature of industry,	from History of care
busi	ness, or establishment in Moura	(Duration) yrs mos 05-
9 81	RTHPLACE Ree or country) Robinsovilla Mu	Contributory (Secondary) (Duration) yrs mos ds
ARENTS	11 BIRTHPLACE OFFATHER (State or country) Roberts ville me 12 MAIDEN NAMEO	(Signed) E S / 3 a/ks , M. D.
PA	13 BIRTHPLACE OF MOTHER (State or country) Kurch sville Ma	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds. Stateyrsmesds.
147	informant, Delica Sufur	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	d Jan 3. 1914 C. DBala Info	Robins ville ma 1 = 4 1914 20 UNDERTAKER CL Duman & Co Knows ville
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Mo.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstatement. material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all saffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerelizospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

such, if impossible to determine definitely. which surgical operation was undertaken. childbirth or miscarriage, as "Purerreal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neopiasms); Mcasles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," mere symptoms or terminal conditions, such as "As-Branchapneumonia (secondary), 10 ds. Never report affection need not be stated unicss important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) "Puerperal peritonitie," etc. State cause for Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-(name origin: "Can-Examples: For vio-



SICIANS should PHYSICIANS RECORD PERMANENT -THIS INK supplied. be UNFADING may that 80 WITH terms, pinous plain 2 PL EATH WRITE 0 Q

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH Registered No lit death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, M ORDIVERCED That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month (Day) It LESS than TAGE and that death occurred on the date stated above, at 1-55 A.m. 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF 0 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death State yrs, _.... mos. _____ yrs. mos. ds. Where was disease contracted. It not at place of death? Former or usuai residence item PO mportant. DATE OF BURIAL ы Every 15 Ö REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Bato., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Serrunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not nine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expects to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("I'neumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples: For VIO-



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See instructions

Important.

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STATE OF MARYLAND DEATH CERTIFICATE OF

Registered No.

fit death occurred in a hoenital or Inctitution

NAME Quily X X	give its NAME instead of street and number.]
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SEINGLE, MARRIED, WIDOWTO, WIDOWTO, WIDOWTO, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) it LESS than it day,hrs. ORmin.?	that I lest saw h. Man. alive on
or faxalues Industry, hmeet in mployer) May land	(Duration) yrs. mos. ds. Contributory Defeative Reart and & (Secondary) Many Leman acus (Duration) yrs. mos. ds.
David Strecker CE ERRY) May land	(Signed) Ray D., M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the lo the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, lt not at place of death? Former or usual residence
1914 School Registran If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL ROY extreme ned four 17
IT HOLE DISHES SIG REGUEN'S PROPLEM DISER WESTERN	it, v m. pramada st., Daito., Ecquesting v. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the husiness or industry, and therefore an mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of LENT DEATHS state MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 5 1914 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 7. S. No. 1.

	PLAGE OF DEATH 945	STATE OF MARYLAND
	ounty Washing ton	CERTIFICATE OF DEATH
Co	ounty	Registered No. 3. 0.
11	West on Williamshort (1-1	[It death occurred in
A	lliage of City (Mo. Of	St; Ward) a hospital or lostitution, give its NAME instead
	* FULL NAME Ola May St	ef street and number.]
-		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale 4 COLOR OR RACE SINGLE, Marned windle White or Orbivorces (Write the word)	(Month) (Day) (Year)
8 p	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	lug 5th 1891	Dec 4, 1913, to face 8, 1914
	(Month) (Day) (Year)	that I last saw hell alive on fact. [] 191
TAC	if LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5m.
	22 yrs 5 mos /3 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	() . P. manarestuluewlasis
	Trade, profession, or thouse Mile	
busi	General nature of industry, ness, or establishment in the employed (or employer) House To the	(Ouration) yrsmosds.
9 81	RTHPLACE (atte or country) Wirania	Contributory LEas factor (Secondary) (Dording) yrs mos ds
	10 NAME OF Jacklie Jackson	(Signed) Mal lu Laguar, M. D.
TS	11 BIRTHPLACE	Jan 9, 1914 (Address) Stelleam fort
ARENT	(State or country) Urgued 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Quey B- Boxwell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place in the ot death yrs mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant, Ta Russel	Former or
	million short out.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1.5	(Address) Mullimage M. Mich	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Day 19 wife to Pickan	20 UNDERTAKER ADDRESS
File	Jan. 7, 1914 O. VICTARA	Lewis W Kreps Williamskert Md.
=1		r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative heaithfulness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deciden with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc.. Carcinossis of lungs, meninges, perilonacum, etc.. Carcinossis of lungs, meninges, perilonacum, etc..

childbirth or miscarriage, as "Puezreral sentichar such, if impossible to determine definitely. mia," "l'uerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough: Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head or "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritix is icss definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," or Homicidal, or as probably (name origin: "Can Examples

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE FEB 6 1914 BUREA, U. V.S.

CERTIFICATE OF DEATH Registered No. [It death occurred a hospital or lostitution give its NAME instead of stream and number.] MEDIGAL GERTIFICATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191 to 1
St; Ward) St; Ward) St; Ward) St; Ward) St; Ward) St; Ward) Stipping of lostitution give its MAME instead and number. MEDICAL GERTIFICATE OF DEATH (Month) (Month) (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from the last saw hallow alive on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and that death occurred on the date stated above, at 3:30 % and the date occurred on the date occurred on the date occurred on the date occurred
MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 191 to 191 hat I last saw hallive on June 191 nd that death occurred on the date stated above, at 3:30 And
MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 191, to 191,
16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased fro 191 to 191 hat I last saw h alive on 192 193 191 191 191 191 191 191
16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased fro 191 to 191 hat I last saw h alive on 192 193 191 191 191 191 191 191
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fro 191 to 191 hat I last saw h alive on from 191 nd that death occurred on the date stated above, st. 3:30 An
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fro 191 to 191 hat I last saw h alive on from 191 nd that death occurred on the date stated above, at 3:30 År
hat I last saw h alive on from 191 191 191 191 191 191 191 191 191 19
nd that death occurred on the date stated above, at 3:30 An
nd that death occurred on the date stated above, st. 3:30 1.n
Enddew grulous
medicale OEderna of Fry
(Duration)yrs,mos,d
(Secondary)
(Duration) yrs mos
signed) appauffer M. I
Jan 15, 1914 (Address) Mayerslown
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT-CAUSES, state (1) MEANS OF INJUST; and (2) whether Acciden-
TAL, SUICIDAL, OF HOMICIDAL.
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
In the state with the
Where was disease contracted, If not at place of death?
Former or usual residence
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Hayerstown my Jan 15, 1914
20 UNDERTAKER ADDRESS
of E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the Insease causing death—Name, first, the Insease causing death—Name, first, the Insease causing death alternation with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial mephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Examples: probably For VIO-



RECORD PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in piain terms, a important.

STATE OF MARYLAND 1 PLACE OF DEATH 947 County washing low CERTIFICATE OF DEATH

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		12 1
		No. 305
Registration	Diet	No Co

Registration	Dist.	No.

Vii	FULL NAME BENJAMA FRUM	give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	ATE OF BIRTH  COLOR OR RACE  MARRIED, M	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year)	that I last saw hourselive on force 27, 1914, and that death occurred on the date stated above, at 930 th, m The CAUSE OF DEATH* was as follows:
(a pa (b)	OCCUPATION () Trade, protession, or inticular kind of work () General nature of industry, siness, or establishment in	(Ouration) O yrs O mos 7 ds
	IRTHPLACE (State or country)	Contributory Chronic Catiti
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  10 NAME OF  PATHER  PLUX Thomas  Pluy  12 MAIDEN NAME  11 MAIDEN NAME	(Signed) (Signed) (Address) Bernelow M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of deethyrsmosds. Stateyrsmosds Where wes disease contracted.
	(Informant) Bonney (Address) Bonney (Address)	it not at place of death?  Former or usuel residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FI	ed Suc 3/ 1914 Ceo M. Mars & C.	Boonston Ceruling Feb. 2., 1914

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. B.-

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of...... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless impertant. Exudvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Hacmorrhage,", "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for "Exhaustion," Never report For vio-



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certificate

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Instructiona piai

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DEATH

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WRITE

### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, ORDIVORCE MY That I attended deceas (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----⁹BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; RNd (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. ..... mos. ... State ..... yrs. _ _ ds. Where was disease contracted. If not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REMOVAL

DATE OF BURIAL

Ilf death occurred in a hospital or institution.

give its NAME Instead of street and number. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (1)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin

naut neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of For vio



No. 02

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is verimportant. See instructions on back of certificate.	stat	Ver	1
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No 3/6 Ill death occurred in ...Ward) a hospital or institution. give Its NAME Instead of sfreet and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED. anuary (Month) Write the word) HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ State ..... yrs, ..... mos. ..... ds mos. ..... ds. Where was disease contracted. If not af place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precisc specistatement. Civil engineer, Stationary freman, etc. But iu many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative bealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Laborer-Coal As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ninqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehae "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; natural heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Seulle," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," "Coutributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia affection need not be stated unless important. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. State cause for Never report



MARGIN

S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be so DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. 4 UNFADING INK-THIS WITH WRITE CAUSE OF Important. S 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

St .:. .. Ward)

[If death occurred to a hospital or Institution, give its NAME instead of street and number.]

_		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	what what of single, wild with the color of	(Month) (Day (Year)  I HEREBY CERTIFY, What I attended deceased from
6 D	ATE OF BIRTH	hall 12 . 0 26
	(Month) (Day (Year)	that I last saw h han alive on January 13, 1914.
7 A	GE If LESS than	and that death occurred on the date stated above, at 7 a/m,
	t day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsmosds.   ORmin.?	asseep of glans of the
	CCUPATION	S. W. A. J. Garage
	) Trade, profession, or ricular kind of work	
	General nature of Industry,	
	iness, or establishment in ch employed (or employer)	Journe Cocalco (Duration) yrs. mos. ds.
-	RTHPLACE ( ) ( ) ( )	Contributory Inflam Da a Camb
	(State or country)	Secondary
	10 NAME OF John R. Friderick	(Signed) Clas D. Physic M. D.
ARENTS	of FATHER (State or country)	*State the DISEASE CAUSING DEATH, Of In deaths from VIOLENT
8	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER / Glanch & Shilling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where Was disease contracted,
	John R Floderick	If not at place of death?
	(Informant)	usual residence
	(Address) Trunkatown VIII)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(1000)	Funkatown 126
	Dan 26 mu Mit Milles	20 UNDERTAKER ADDRESS
FII	REGISTRAR	1 7 July 7 July 17 July MA
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional live is provided for the latter statement: the nature of the business or industry, and therefore an essary to know cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Very-Important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

3

PLACE OF DEATH 951	STATE OF MARYLAND
County Nashington	CERTIFICATE OF DEATH
	Registration Dist. No. 304
Village or City Haucoci & Tril (No. 1.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead
FULL NAME OFa. Williams	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Armale Colored (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw her alive on an 14th 1914
AGE It LESS than	and that death occurred on the date stated above, at # P m,
17 yrs 17 mos. 7 ds. OR min.?	The CAUSE OF DEATH * was as follows
OCCUPATION (a) Trade, profession, or SerVaul	Juseralisis
particular kind of work	from above date (Duration) yes mos offen
BIRTHPLACE (State or country) Hoangood Co Md.	Gontributory (Secondary)
10 NAME OF Standard Williams	(Signed) J. J. J. Government of the control of the
11 BIRTHPLACE OF FATHER (State or country Paraline Co Va.	1/14 , 1914 (Address) Durcock Nd.
2 12 MAIDEN NAME Q	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
gousa les.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
of Mother (State or country) Caucoci & Md.	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informany, Otury / Illeans	Former or usual residence
(Address) Caucoci 6 md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Jun, 15 M 1814/90 00 Ruley	Mancoci 6 Maryland Jan 16th 1914 20 UNDERTAKER  ADDRESS
REGISTRAN	m Seur Cus Voan Maurock and
If more blanks are needed, address State Begis frar, 6	E. Franchin St., Balto., Requesting V. S. No. 1.

No. 1. và

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral scotichaecause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'l'raemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

PLACE OF DEATH 952	STATE OF MARYLAND
County Captington	CERTIFICATE OF DEATH
70 /-	Registered No. 901
Village or City Maganthouse (No. 138)	C. Cashington St; B. Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED MATTUA (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
B DATE OF BIRTH  (Month) (Day) (Year)	THEREBY CERTIFY, That I attended deceased from  1910, to 4, 1914,  that I last saw h Lin alive on San 4, 1914
TAGE  If LESS than 1 day,hrs.  OR. min.?  BOCCUPATION (a) Trade, profession, or particular kind of work.  R. R. Raboys	and that death occurred on the date stated above, at 6300 m, The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Markland.	(Duration) 3 yrsmosds.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER Grandle Wilson  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Sacrief Of Cooperation yes mos ds.  (Signed) Sacrief Of Cooperation M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) MATHEMATICALLA (Informant) TAMES OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Meditess) 38 6, Washington St.  16  Filed 6-,191 4 Passay Davis REGISTRAR  16 more blanks are needed, address State Registrar, 6 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DOUGH OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
y accord, address state negistrar, 6	MALE

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewift, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciature of the American Medicai Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichae-Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

RECEIVED FEB 5 1914 BUREAU, V.S.

S. No. 1.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. of information should be carefully supplied. AGE should be signified. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF Important. N. B.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in

----Ward)

Mancock Ind

	FULL NAME William !	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	uale White the word	16 DATE OF DEATH  (Month) (Day (Year)
6 D	ATE OF BIRTH  January (Month) (Day (Year)	17 I HEREBY GERTIFY, That I sttended deceased from  Jan 6 1914, to Jan 14 1914,  that I last saw have slive on Jan 9 1914
TA	GE If LESS than f day, brs.  yrs. mos. 5 ds. OR min.?	and that desth occurred on the date stated above, at / 2007
(a pa (b) bus	CCUPATION  1) Trade, profession, or  1	(Ouration) yrs mos 5 6s.
	(State or country) Washington Co. Med	Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country.)  12 MAIDEN NAME	(Signed) (Si
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  Mang Wilsen  Mang Wilsen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
15	(Informant) Walkiery Wilson  (Address) The BEST OF MY KNOWLEDGE  (ADDRESS OF MY MY MY MY MY MY MY MY M	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Augustock Md. June 17, 19124
Eil	lad Van. 14 1014 Souls 6/ and low	20 UNDERTAKER O ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 . Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Forcman," Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing may be stated under the head of (Recommendations on statement of dcath), 29 ds.;



T. S. No. 1.

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Village or City Kanays ville (No. 2 pull NAME Lydia Pryon	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hamale White Single, Married, Widowed  White Write the word)	16 DATE DF DEATH  (Wonth)  (Day)  (Year)  17  I HEREBY CERTIFY That I attended deceased from
S DATE OF BIRTH  (Month)  (Day)  (Tear)	that I last saw h. Ly. alive on
80 yrs. 11 mos. 5 ds. 08 min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Brawar A am Frod Co	(Duration) yrs mos ds.  Contributory (Secondary) (Ouration) yrs mos ds.
12 MAIDEN NAME A A R	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Baywar Dam Frace Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos ds.
(Address) Kayon sville mod	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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To many property address profes Definition	, v an a remain St., Daito, Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECORD

STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registered No fil death occurred in .Ward) a hospital or institution. give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. Mark 191.5 (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1857 (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at f day, .... hrs. The CAUSE OF DEATH * was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work.... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death .... State yrs, ____ mos. .... yrs. ..... mos. .... Where was disease contracted, If not at place of death? Former or usuai residence. BURIAL OR REMOVAL EDATE OF BURIAL ., 191 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin/St., Balto., Requesting V. S. No. V.



[Approved by U. S. Census and American Public Health Association.]

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mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head or HOMICIDAL, or as probably "Dropsy," "Exhaustion," _ (name origin; "Can-Never report Examples:



RECORD PERMANENT OF CAUSE

956 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St .....Ward) a hospital or lostitution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. 1917 WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191.Q., to. (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH* was as follows: OR ..... nin. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 10 PARENTS 11 BIRTHPLACE (Address) Dero OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME Instructions OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot deeth ...... yrs. ..... mos. ..... ds. State ..... yrs, ___ Where wes disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?.. Former or usuel residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberouces of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state. MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) may be stated under the head (Recommendations on statement of Never report

